



APPLICATION FOR LAW AND ETHICS EXAMINATION

SPECIAL PERMIT APPLICANTS

OR

APPLICANTS WHO PREVIOUSLY PASSED THE RESTORATIVE TECHNIQUE EXAM

For Office Use Only
ATS# _____

For Office Use
Only

Received

No Fee Required

(Please type or print neatly)

1. NAME

LAST FIRST MIDDLE

2. ADDRESS OF RECORD

Street

City

State

Zip Code

3. TELEPHONE NUMBER

Evening

Day

4. Do you have a disability or condition that requires special accommodations? Yes ☐ No ☐

If yes, email "db_examinations@dca.ca.gov" for a "REQUEST FOR ACCOMMODATION" packet.

5. Preferred Examination

Northern
California ☐

Southern
California ☐

Month: _____

6. Date you passed the Restorative Technique Exam: _____

7. Are you applying for a Special Permit? Yes ☐ No ☐

Date

Signature of Applicant